hospitals *(and vice versa),* surely practitioners have a right to expect professional educators—that is, medical school faculty—to devote some of their time to research on effective educational methods in community hospitals. The barrenness of the CME literature on this subject has been noted frequently. Again, with notable exceptions, medical schools have been particularly deficient in developing valid methods to assess program effectiveness and learner achievement.

I hope these few words add emphasis to the first observation of this letter: Both Dr. Block and Dr. Covell are right, and I agree with both of them. Indeed, I continue to find personal as well as professional gratification in the steadily growing consensus that the continuing education of physicians deserves much more systematic and serious attention than it has yet enjoyed, and in the ever-growing effort by a wide variety of institutions to provide that attention.

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The Healer Revisited

TO THE EDITOR: Bravo, bravo, bravo to Roger Keeney Howe, MD. How brilliantly he completely encompassed the total view of medicine and "holistic" concepts in his story "A Visit from the Healer" in the June 1980 issue. His wisdom is great and he chose the best possible format for presenting his thoughts. If any serious readers have not yet read his short article I urge them to do so now.

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Health Care for Gay Women and Men

TO THE EDITOR: In his brief article "Treating Homosexual Patients" in the Epitomes section (132:524-525, Jun 1980), Dr. William Kapla notes that knowledge about homosexual men and women, including sexual practices and life-style issues, is a prerequisite for optimum medical care for lesbian or gay male patients. As a specific example of this principle, Dr. Kapla notes that homosexual patients appear to be at greater risk for contracting sexually transmitted disease (STD).

To my knowledge, current published findings and anecdotal information suggest that only gay *men* are especially vulnerable to STD's, particularly to some STD's that are rarely, if ever, transmitted heterosexually (such as amebiasis, giardiasis, shigellosis). Conversely, gay *women* appear to be at minimal risk for contracting STD's, especially if their sexual activities are limited to exclusively gay women.[1] And because many lesbians have a history of heterosexual activity and have borne children, or may wish to bear children in the future, the full range of gynecological medical care is relevant to the health care of gay women.[2]

Thus, while it is documented that sexually active gay men are at greater risk for certain infectious diseases than heterosexual men, the risk factors for gay women may be almost identical, if not less, than those of heterosexual women, depending on the individual woman's sexual and obstetrical histories. It therefore follows that quality health care for lesbian patients does not hinge on specific procedures or information, but instead on awareness of the fact that any female patient might be gay and as such is entitled to respectful acknowledgment of her sexual preference and the social and interpersonal stresses she may be vulnerable to, as are all members of minority groups.

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2. Whyte J, Capaldini L: Treating the lesbian or gay patient. Delaware Med J 52:771-780, May 1980

'Health Care' Costs

TO THE EDITOR: There are bothersome features that demand closer scrutiny in R. A. Derzon's contribution on "health care" costs in the May 1980 issue (pages 424 through 429). There is truth in the rising costs but the role of the private sector in the cause and remedy is exaggerated. The real push was what was happening outside hospitals and medical offices. Programs that unleash enormous unpaid-for demands into medical care and other social services, and result in a general decline in the purchasing power of the dollar, are events directly attributable to those who represent us politically and those who govern us through bureaucratic procedures. All federal expenditures, not only "health expenses," continue to increase faster than revenue growth. That has been and continues to be the history of inflation.

Census Bureau statistics (1976) reveal that inflation accounted for 44 percent of the increases